

US DEPARTMENT OF AGRICULTURE, FOREST SERVICE

REQUEST FOR VERIFICATION

(Reference FSH 6509.18)

FS-6500-25 (5/96)

OMB No. 0596-0082

Expires 11/30/02

Instructions: **Applicant -** **Complete items 1 thru 5. Forward directly to bank or lending institution.**
 Lender - **Please complete Items 6 thru 15. Return directly to:**

USDA Forest Service
P.O. Box 1809, Eagle River, WI 54521
ATTN: Concession Application

PART I - REQUEST

| | |
|---|--|
| 1. TO: Name and Address of Bank or other Lending institutions | 2. FROM: (Name and Address of Applicant) |
|---|--|

3. STATEMENT OF APPLICANT

| TYPE OF ACCOUNT | ACCOUNT NUMBER | CURRENT BALANCE |
|------------------|----------------|-----------------|
| CHECKING ACCOUNT | | |
| SAVINGS ACCOUNT | | |
| OTHER | | |

I have applied for a timber sale contract or concessionaire permit (please cross one out) with the National Forest and state that my balance with the bank or lending institution named in Item 1 are as shown in Item 3. My signature below authorizes verification of the information. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

| | |
|---------------------------|---------------------|
| 4. Signature of Applicant | 5. Date / / |
|---------------------------|---------------------|

PART II - VERIFICATION

| | | | | | |
|---|---------------|-----------------|--|--|--|
| 6. Does applicant have any outstanding loans? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill Item 7. | | | 10. Is the account less than 2 months old? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, fill in Item 11. | | |
| 7. TYPES OF LOANS | MONTHLY PYMT. | PRESENT BALANCE | 11. Date account was opened: 12. Payment Experience: <input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable If unfavorable, please explain in remarks. | | |
| Secured | | | | | |
| Unsecured | | | | | |
| 8. Is applicant's statement in Item 3 correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, fill Item 9. | | | | | |
| 9. CURRENT BALANCES <table style="width:100%;"> <tr> <td style="width:50%;">CHECKING</td> <td style="width:50%;">SAVINGS</td> </tr> </table> | | | | | |
| CHECKING | SAVINGS | | | | |

13. REMARKS:

THE INFORMATION ON THIS FORM IS CONFIDENTIAL. IT IS TO BE TRANSMITTED DIRECTLY, WITHOUT PASSING THOROUGH THE HANDS OF THE APPLICANT OR ANY OTHER PARTY.

| | |
|--|----------------------|
| 14. Signature of bank or lending official. | 15. Date / / |
|--|----------------------|

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance coordinator, P.O. Box 96090, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork reduction project (OMB# 0596-0082), Washington, D.C. 20503.